



QUARTERLY STATEMENT
AS OF June 30, 2010
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	0000 (Prior Period)	NAIC Company Code	95848	Employer's ID Number	383383640
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI 48532 (City, or Town, State and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City, or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Web Site Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cherylwe@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman #
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer

OTHERS

CAROL SOLOMON, Chief Financial Officer

DIRECTORS OR TRUSTEES

KATHY KENDALL RONALD SHAHEEN D.O. DENNIS LAFOREST DAVE MAZURKIEWICZ	DON KOOY KEVIN TOMPKINS PATRICK HAYES
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State of Michigan
County of Genesee ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) KATHY KENDALL (Printed Name) 1. President (Title)	(Signature) DAVE MAZURKIEWICZ (Printed Name) 2. Treasurer (Title)	(Signature) CAROL SOLOMON (Printed Name) 3. Chief Financial Officer (Title)
Subscribed and sworn to before me this day of , 2010	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]
(Notary Public Signature)		

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks	17,324,494		17,324,494	8,283,788
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)	3,053,919		3,053,919	3,152,449
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....101,160,665), cash equivalents (\$.....0) and short-term investments (\$.....1,216,566)	102,377,231		102,377,231	93,335,132
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Aggregate write-ins for invested assets	426,370	316,502	109,869	85,964
11.	Subtotals, cash and invested assets (Lines 1 to 10)	123,182,014	316,502	122,865,513	104,857,333
12.	Title plants less \$.....0 charged off (for Title insurers only)				
13.	Investment income due and accrued	97,741		97,741	18,598
14.	Premiums and considerations:				
14.1	Uncollected premiums and agents' balances in the course of collection	419,380		419,380	421,837
14.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
14.3	Accrued retrospective premiums				
15.	Reinsurance:				
15.1	Amounts recoverable from reinsurers	177,439		177,439	249,054
15.2	Funds held by or deposited with reinsured companies				
15.3	Other amounts receivable under reinsurance contracts				
16.	Amounts receivable relating to uninsured plans				
17.1	Current federal and foreign income tax recoverable and interest thereon				
17.2	Net deferred tax asset				
18.	Guaranty funds receivable or on deposit				
19.	Electronic data processing equipment and software	99,315	25,293	74,022	85,552
20.	Furniture and equipment, including health care delivery assets (\$.....0)	388,288	388,288		
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Receivables from parent, subsidiaries and affiliates	855,975	11,911	844,064	728,530
23.	Health care (\$.....3,220,644) and other amounts receivable	3,223,424		3,223,424	3,923,864
24.	Aggregate write-ins for other than invested assets				
25.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 to 24)	128,443,575	741,993	127,701,582	110,284,769
26.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
27.	Total (Lines 25 and 26)	128,443,575	741,993	127,701,582	110,284,769
DETAILS OF WRITE-INS					
1001.	INVENTORY	16,087	16,087		
1002.	DEFERRED CHARGES EQUIP FEES	6,791	6,791		
1003.	PREPAID EXPENSES	227,994	227,994		
1098.	Summary of remaining write-ins for Line 10 from overflow page	175,499	65,630	109,869	85,964
1099.	TOTALS (Lines 1001 through 1003 plus 1098) (Line 10 above)	426,370	316,502	109,869	85,964
2401.	.....			
2402.	.....			
2403.	.....			
2498.	Summary of remaining write-ins for Line 24 from overflow page				
2499.	TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	42,020,036		42,020,036	32,640,159
2.	Accrued medical incentive pool and bonus amounts	4,926,762		4,926,762	3,700,223
3.	Unpaid claims adjustment expenses	579,796		579,796	579,796
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	527,165		527,165	196,236
9.	General expenses due or accrued	2,577,601		2,577,601	1,972,668
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	55,433		55,433	49,737
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,030,475		1,030,475	910,354
16.	Derivatives				
17.	Payable for securities				
18.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)				
19.	Reinsurance in unauthorized companies				
20.	Net adjustments in assets and liabilities due to foreign exchange rates				
21.	Liability for amounts held under uninsured plans				
22.	Aggregate write-ins for other liabilities (including \$.....0 current)	413,043		413,043	413,043
23.	Total liabilities (Lines 1 to 22)	52,130,310		52,130,310	40,462,217
24.	Aggregate write-ins for special surplus funds	X X X	X X X		
25.	Common capital stock	X X X	X X X		
26.	Preferred capital stock	X X X	X X X		
27.	Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000
28.	Surplus notes	X X X	X X X		
29.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
30.	Unassigned funds (surplus)	X X X	X X X	74,431,271	68,682,552
31.	Less treasury stock, at cost:				
31.1	.....0 shares common (value included in Line 25 \$.....0)	X X X	X X X		
31.2	.....0 shares preferred (value included in Line 26 \$.....0)	X X X	X X X		
32.	Total capital and surplus (Lines 24 to 30 minus Line 31)	X X X	X X X	75,571,271	69,822,552
33.	Total Liabilities, capital and surplus (Lines 23 and 32)	X X X	X X X	127,701,582	110,284,769
DETAILS OF WRITE-INS					
2201.	PAYABLE FOR QAAP	55,485		55,485	55,485
2202.	ACCRUED PENSION	357,558		357,558	357,558
2203.	.....			
2298.	Summary of remaining write-ins for Line 22 from overflow page				
2299.	TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above)	413,043		413,043	413,043
2401.	.....	X X X	X X X		
2402.	.....	X X X	X X X		
2403.	.....	X X X	X X X		
2498.	Summary of remaining write-ins for Line 24 from overflow page	X X X	X X X		
2499.	TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)	X X X	X X X		
2901.	.....	X X X	X X X		
2902.	.....	X X X	X X X		
2903.	.....	X X X	X X X		
2998.	Summary of remaining write-ins for Line 29 from overflow page	X X X	X X X		
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	529,755	453,097	949,132
2.	Net premium income (including \$.....0 non-health premium income)	X X X	151,833,218	125,163,759	270,892,395
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X	(614,656)	(3,829,385)	(4,125,406)
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	151,218,562	121,334,374	266,766,990
Hospital and Medical:					
9.	Hospital/medical benefits		106,802,668	84,605,411	186,605,978
10.	Other professional services		1,232,346	1,257,830	2,722,350
11.	Outside referrals				
12.	Emergency room and out-of-area		6,655,489	5,820,527	13,509,831
13.	Prescription drugs		15,441,279	13,569,108	27,208,906
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		1,291,530	1,667,717	3,605,311
16.	Subtotal (Lines 9 to 15)		131,423,312	106,920,593	233,652,377
Less:					
17.	Net reinsurance recoveries		332,785	198,565	708,136
18.	Total hospital and medical (Lines 16 minus 17)		131,090,527	106,722,029	232,944,241
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....253,932 cost containment expenses		1,269,658	2,146,499	2,206,229
21.	General administrative expenses		13,371,613	6,797,245	19,880,364
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		145,731,798	115,665,773	255,030,834
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	5,486,764	5,668,601	11,736,156
25.	Net investment income earned		(114,998)	63,659	(8,238)
26.	Net realized capital gains (losses) less capital gains tax of \$.....0		(518)	(86,352)	(157,593)
27.	Net investment gains or (losses) (Lines 25 plus 26)		(115,516)	(22,693)	(165,831)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	5,371,248	5,645,908	11,570,325
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	5,371,248	5,645,908	11,570,325
DETAILS OF WRITE-INS					
0601.	OTHER HEALTH CARE RELATED REVENUE	X X X	9,525	6,567	14,692
0602.	QAAP TAX	X X X		(3,346,668)	(3,072,907)
0603.	MPCA	X X X	(624,180)	(489,285)	(1,067,190)
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(614,656)	(3,829,385)	(4,125,406)
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	.....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	LOSS ON SALE OF EQUIPMENT				
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	69,822,552	56,953,641	56,953,641
34.	Net income or (loss) from Line 32	5,371,248	5,645,908	11,570,325
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	177,351	623,718	957,356
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	200,119	321,582	413,060
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in			
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus		(53,282)	(71,830)
48.	Net change in capital and surplus (Lines 34 to 47)	5,748,719	6,537,926	12,868,911
49.	Capital and surplus end of reporting period (Line 33 plus 48)	75,571,270	63,491,566	69,822,552
DETAILS OF WRITE-INS				
4701.	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST		(53,282)	(71,830)
4702.	.....		
4703.	.....		
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		(53,282)	(71,830)

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	152,166,604	124,588,719	269,748,002
2.	Net investment income	(84,969)	118,871	93,998
3.	Miscellaneous income	(598,750)	(3,819,033)	(4,127,253)
4.	Total (Lines 1 to 3)	151,482,885	120,888,557	265,714,748
5.	Benefit and loss related payments	119,777,675	98,768,181	224,547,758
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	13,962,784	8,723,103	21,495,404
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			20,733
10.	Total (Lines 5 through 9)	133,740,459	107,491,284	246,063,894
11.	Net cash from operations (Line 4 minus Line 10)	17,742,426	13,397,272	19,650,853
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
12.2	Stocks	4,000	379,592	633,551
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments	109,171	360,160	
12.7	Miscellaneous proceeds		0	783,357
12.8	Total investment proceeds (Lines 12.1 to 12.7)	113,171	739,752	1,416,908
13.	Cost of investments acquired (long-term only):			
13.1	Bonds			
13.2	Stocks	8,773,233	478,557	838,564
13.3	Mortgage loans			
13.4	Real estate	10,642	309,239	699,439
13.5	Other invested assets			
13.6	Miscellaneous applications	109,172		685
13.7	Total investments acquired (Lines 13.1 to 13.6)	8,893,047	787,796	1,538,687
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(8,779,876)	(48,043)	(121,779)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	79,550	711,566	(733,206)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	79,550	711,566	(733,206)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	9,042,099	14,060,796	18,795,868
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	93,335,132	74,539,264	74,539,264
19.2	End of period (Line 18 plus Line 19.1)	102,377,231	88,600,059	93,335,132
Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:				
20.0001				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	86,878	27	10,533						76,318	
2. First Quarter	88,106	25	10,904						77,177	
3. Second Quarter	89,709	23	11,234						78,452	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	529,755	135	65,992						463,628	
Total Member Ambulatory Encounters for Period:										
7. Physician	341,889	79	38,482						303,328	
8. Non-Physician	70,159	13	6,583						63,563	
9. Total	412,048	92	45,065						366,891	
10. Hospital Patient Days Incurred	774,009		9,217						764,792	
11. Number of Inpatient Admissions	62,757		2,777						59,980	
12. Health Premiums Written (a)	152,430,332	60,047	20,308,481						132,061,804	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	152,430,332	60,047	20,308,481						132,061,804	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	122,043,435	62,246	19,141,546						102,839,643	
18. Amount Incurred for Provision of Health Care Services	131,423,311	60,335	20,406,160						110,956,816	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
CARSON CITY HOSPITAL	10,443					10,443
HAYES GREEN BEACH HO	11,002					11,002
WEST BRANCH REGIONAL	11,100					11,100
ADVANCED RADIOLOGY	11,289					11,289
BAY REGIONAL MEDICAL	12,071					12,071
HURLEY EMERGENCY PHY	12,551					12,551
CENTRAL MICHIGAN COM	12,936					12,936
WOMENS MEDICAL CENTER	12,958					12,958
CENTRAL MI COMM HOSP	15,486					15,486
SPARROW HLTH SYSTEMS	16,261					16,261
PHYSICIAN ANESTHESIA	17,619					17,619
LAPEER REGIONAL MED	20,847					20,847
REGENTS OF THE U OF	22,486					22,486
COVENANT MEDICAL CEN	25,524					25,524
DEGARA PLLC	25,524					25,524
MEMORIAL HEALTHCARE	25,502					25,502
INGHAM REGIONAL MEDI	31,502					31,502
SPARROW HOSPITAL	42,461					42,461
GRATIOT MEDICAL CENTER	42,874					42,874
EMERG MEDICAL ASSOC	46,434					46,434
JOINT VENTURE HOSPITAL	47,401					47,401
HURLEY MEDICAL CENTER	49,198					49,198
MCLAREN REGIONAL MEDICAL	50,921					50,921
MCLAREN MEDICAL MGMT	58,790					58,790
0199999 Individually Listed Claims Unpaid	633,180					633,180
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	11,462,990	4,477	296	218	604	11,468,585
0499999 Subtotals	12,096,170	4,477	296	218	604	12,101,765
0599999 Unreported claims and other claim reserves						29,918,271
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						42,020,036
0899999 Accrued Medical Incentive Pool And Bonus Amounts						4,926,762

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	3,403,592	14,047,277	882,772	6,223,812	4,286,364	5,843,881
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	21,755,809	81,277,435	1,505,839	33,407,612	23,261,648	26,796,279
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	25,159,401	95,324,712	2,388,611	39,631,424	27,548,012	32,640,160
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts			3,700,223	1,226,539	3,700,223	3,700,223
13.	Totals	25,159,401	95,324,712	6,088,834	40,857,963	31,248,235	36,340,383

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

McLaren Health Plan, Inc
June 30, 2010

1. Summary of Significant Accounting Policies
No Change

2. Accounting Changes and Corrections of Errors
No Change

3. Business Combinations and Goodwill
No Change

4. Discontinued Operations
No Change

5. Investments
No Change

6. Joint Ventures, Partnerships and Limited Liability Companies
No Change

7. Investment Income
No Change

8. Derivative Investments
No Change

9. Income Taxes
No Change

10. Information Concerning Parent, Subsidiaries and Affiliates
 - A. Investment in McLaren Health Plan Insurance Company.

 - B. McLaren Health Plan made an investment of \$8,700,000 (60,000 share of common stock at \$1.00 par value, the remaining amount was Additional Paid in Capital) into McLaren Health Plan Insurance Company, which is a wholly owed subsidiary of MHP. This took place in May of 2010.

 - C. The amount of the transaction was \$8,700,000.

 - D. Due from Affiliates: \$844,064: amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
Due to Affiliates: \$1,030,475: amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.

 - E. Guarantees or undertakings: No Change

 - F. Management Agreements between:
 - 1) McLaren Health Plan and McLaren Health Care Corporation:
McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan:
\$611,734 Jan-June 2010

Notes to Financial Statement

- 2) McLaren Health Plan and MRMC: MRMC agrees to provide certain accounting / resource services to McLaren Health Plan: \$3,503 Jan-June 2010

- 3) McLaren Health Plan and PHNS: PHNS agrees to provide certain information technology and telephony services to McLaren Health Plan: \$75,353 Jan-June 2010

- 4) McLaren Health Plan and HAI: McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HAI: \$2,168,749 Jan-June 2010

- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

- 11. Debt
No Change

- 12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No Change

- 13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

No Change

- 14. Contingencies

No Change

- 15. Leases
No Change

- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No Change

- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No Change

- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
No Change

- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No Change

- 20. Other Items
No Change

- 21. Events Subsequent
No Change

- 22. Reinsurance

Notes to Financial Statement

No Change

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination
No Change

24. Change in Incurred Claims and Claim Adjustment Expenses
No Change

25. Intercompany Pooling Arrangements
No Change

26. Structured Settlements
No Change

27. Health Care Receivables
A. Pharmaceutical Rebate Receivables

<u>Quarter</u>	<u>Estimated Rebate</u>	<u>Confirmed</u>	<u>90days</u>	<u>91-180 days</u>	<u>>180 days</u>	<u>total received</u>
12/31/2009				\$90,150.21		\$ 90,150.21
9/30/2009					\$139,040.44	\$ 139,040.44
6/30/2009	\$ -			\$77,088.53	\$ 58,211.04	\$ 135,299.57
3/31/2009	\$ -				\$130,651.72	\$ 130,651.72
12/31/2008	\$ 18,011.00	\$ 18,011.00		\$22,833.02	\$ 91,475.11	\$ 114,308.13
9/30/2008	\$ -			\$88,571.81	\$ 13,306.26	\$ 101,878.07
6/30/2008	\$ -			\$78,368.82	\$ 12,974.43	\$ 91,343.25
3/31/2008	\$ -			\$10,032.27	\$ 75,484.12	\$ 85,516.39
12/31/2007	\$ -		\$ -	\$ -	\$ 84,400.59	\$ 84,400.59
9/30/2007	\$ 36,412.00	\$ 36,412.00	\$ -	\$ -	\$ 47,499.22	\$ 47,499.22
6/30/2007	\$ 395,493.00	\$395,493.00	\$ -	\$ -	\$ 46,548.41	\$ 46,548.41
3/31/2007	\$ 395,493.00	\$395,493.00	\$ -	\$ -	\$104,715.82	\$ 104,715.82
12/31/2006	\$ 395,493.00	\$395,493.00	\$73,449.18	\$ -	\$ 85,502.04	\$ 158,951.22
9/30/2006	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$ 77,499.75	\$ 77,499.75
6/30/2006	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$163,996.58	\$ 163,996.58
3/31/2006	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$147,857.88	\$ 147,857.88
12/31/2005	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$ 71,717.77	\$ 71,717.77
9/30/2005	\$ 104,915.00	\$104,915.00	\$ -	\$ -	\$128,389.28	\$ 128,389.28
6/30/2005	\$ 104,915.00	\$104,915.00	\$ -	\$ -	\$122,950.04	\$ 122,950.04
3/31/2005	\$ 104,915.00	\$104,915.00	\$ -	\$ -	\$116,248.63	\$ 116,248.63

B. Risk Sharing Receivables - No Change

28. Participating Policies
No Change

29. Premium Deficiency Reserves
No Change

30. Anticipated Salvage and Subrogation
No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:

.....
3. Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes[X] No[]
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2007.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....10/28/2008.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....10/28/2008.....
- 6.4 By what department or departments?
MICHIGAN OFFICE OF FINANCIAL & INSURANCE REGULATION
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC
.....	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....42,184

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....0
13. Amount of real estate and mortgages held in short-term investments:

\$.....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[X] No[]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock	724,185	9,699,081
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	724,185	9,699,081
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.
- Yes[] No[X]
Yes[] No[] N/A[X]
16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:
- Yes[X] No[]

1 Name of Custodian(s)	2 Custodian Address
JPMORGAN CHASE BANK, NA	1111 POLARIS PARKWAY, COLUMBUS OH 43240

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?
16.4 If yes, give full and complete information relating thereto:
- Yes[] No[X]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
17.2 If no, list exceptions:
- Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent	.....	94%
1.2 A&H cost containment percent	.....	17%
1.3 A&H expense percent excluding cost containment expenses	.....	93%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]	
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$.....	0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]	
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$.....	0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
Accident and Health - Non-affiliates						
22667	95-2371728 .....	..... 01/01/2010	ACE AMER INS CO	PHILADELPHIA .....	..... SSL/L/I .....	..... Yes[] No[X]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

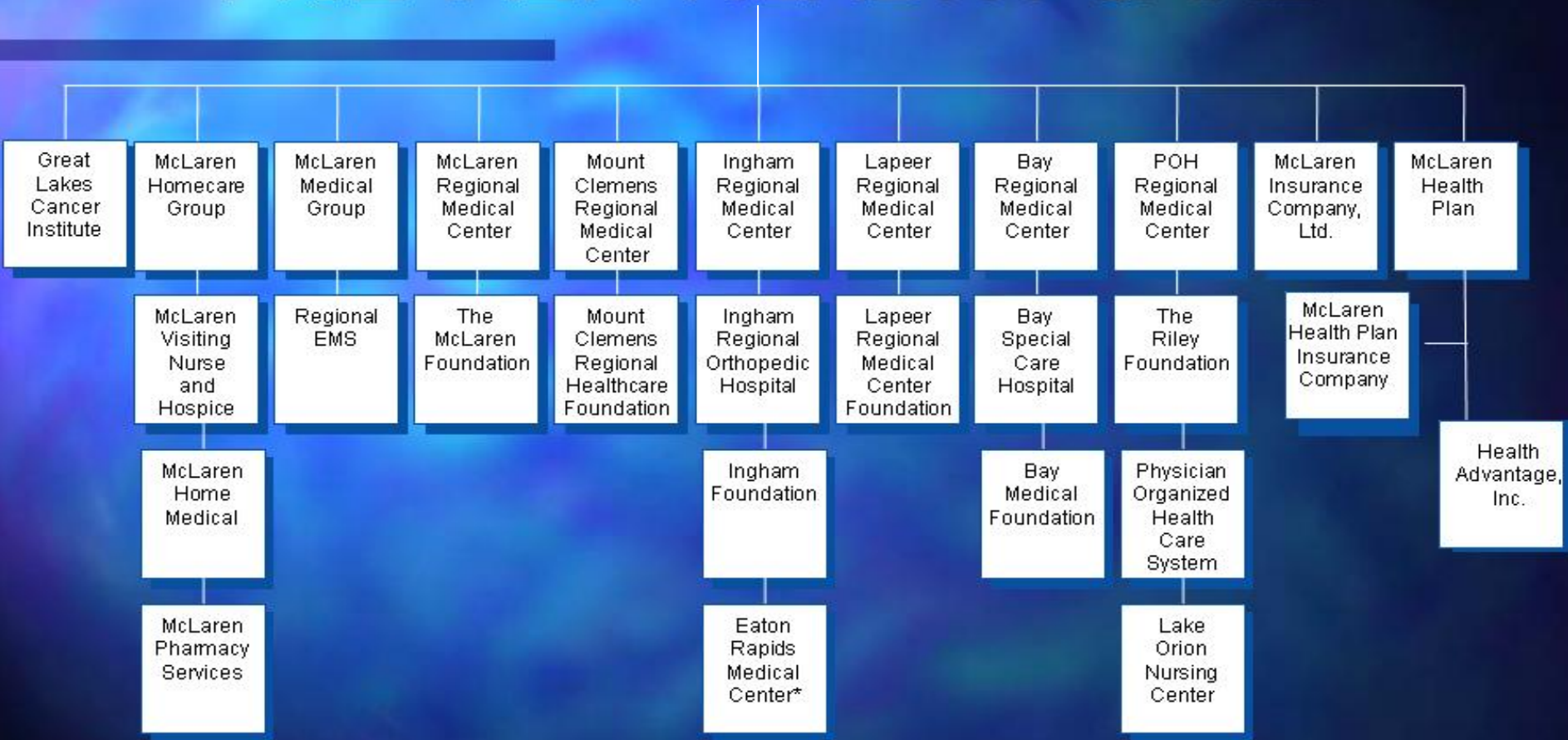
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	L	20,368,528		132,061,804				152,430,332	
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	20,368,528		132,061,804				152,430,332	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	(a)..... 1	20,368,528		132,061,804				152,430,332	
DETAILS OF WRITE-INS										
5801.	.....	X X X								
5802.	.....	X X X								
5803.	.....	X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

McLAREN HEALTH CARE



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

*Non Asset Merger
Affiliation Only

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



ASSETS

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1004. SELF INS TRUST FUND	68,528		68,528	61,988
1005. OTHER INVESTMENT DEFERRED COMPENSATION	41,340		41,340	23,976
1006. INTANGIBLE ASSET - PHP	65,631	65,630	1	
1097. Summary of remaining write-ins for Line 10 (Lines 1004 through 1096)	175,499	65,630	109,869	85,964

STATEMENT AS OF **June 30, 2010** OF THE **McLAREN HEALTH PLAN, INC**
SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	3,152,449	2,642,756
2. Cost of acquired		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition	10,642	699,439
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	109,172	189,746
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	3,053,919	3,152,449
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	3,053,919	3,152,449

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	8,378,427	7,372,967
2. Cost of bonds and stocks acquired	8,773,233	838,564
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	177,352	957,355
5. Total gain (loss) on disposals	(518)	(156,908)
6. Deduct consideration for bonds and stocks disposed of	4,000	633,551
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	17,324,494	8,378,427
11. Deduct total nonadmitted amounts		94,639
12. Statement value at end of current period (Line 10 minus Line 11)	17,324,494	8,283,788

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	1,216,418	149			1,216,418	1,216,567		1,216,261
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	1,216,418	149			1,216,418	1,216,567		1,216,261
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	1,216,418	149			1,216,418	1,216,567		1,216,261

Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QSI02

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	1,216,566	X X X		306	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,216,261	1,211,192
2.	Cost of short-term investments acquired	306	5,069
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,216,566	1,216,261
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,216,566	1,216,261

SI04	Schedule DB - Part A Verification	NONE
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SI04	Schedule DB - Part B Verification	NONE
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SI05	Schedule DB Part C Section 1	NONE
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SI06	Schedule DB Part C Section 2	NONE
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SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

QSI04, SI05, SI06, SI07, SI08

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
Acquired by Purchase								
BUILDING IMPROVEMENTS - G3245 BEECHER RD - OCCUPIED BY COMPANY	FLINT	MI						10,642
0199999 Subtotal - Acquired by Purchase								10,642
0399999 Totals								10,642

SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State						9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B/A C.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B/A C.V.							
							N O N E												
0399999 Totals

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
Common Stock - Mutual Funds									
4812C1553	JPMORGAN MUTUAL EQUITY FUND SELECT		04/01/2010	JPMORGAN	329.942	8,763	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		04/01/2010	JPMORGAN	717.295	7,811	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		05/03/2010	JPMORGAN	955.080	10,429	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		06/01/2010	JPMORGAN	956.829	10,449	X X X		L
9299999	Subtotal - Common Stock - Mutual Funds				X X X	37,453	X X X		X X X
9799997	Subtotal - Common Stock - Part 3				X X X	37,453	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	37,453	X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	37,453	X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	37,453	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4
Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of
During the Current Quarter

1	2	3 F o r e i g n	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP	Description		Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Common Stock - Mutual Funds																					
4812C1553	JPMORGAN MUTUAL EQUITY FUND																				
	SELECT		04/15/2010	VARIOUS	24.223	667	XXX	708							708		(41)	(41)		XXX	L
4812C1553	JPMORGAN MUTUAL EQUITY FUND																				
	SELECT		05/17/2010	VARIOUS	25.790	667	XXX	754							754		(87)	(87)		XXX	L
4812C1553	JPMORGAN MUTUAL EQUITY FUND																				
	SELECT		06/15/2010	VARIOUS	26.828	667	XXX	784							784		(117)	(117)		XXX	L
9299999	Subtotal - Common Stock - Mutual Funds				XXX	2,000	XXX	2,246							2,246		(246)	(246)		XXX	XXX
9799997	Subtotal - Common Stocks - Part 4				XXX	2,000	XXX	2,246							2,246		(246)	(246)		XXX	XXX
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Subtotal - Common Stocks				XXX	2,000	XXX	2,246							2,246		(246)	(246)		XXX	XXX
9899999	Subtotal - Preferred and Common Stocks				XXX	2,000	XXX	2,246							2,246		(246)	(246)		XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks				XXX	2,000	XXX	2,246							2,246		(246)	(246)		XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	06/30/2010			7,839	6,146	104,605,826	96,493,196	101,160,665	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories ..			X X X	X X X ..						X X X
0199999 Totals - Open Depositories			X X X	X X X ..	7,839	6,146	104,605,826	96,493,196	101,160,665	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories			X X X	X X X ..						X X X
0299999 Totals - Suspended Depositories			X X X	X X X ..						X X X
0399999 Total Cash On Deposit			X X X	X X X ..	7,839	6,146	104,605,826	96,493,196	101,160,665	X X X
0499999 Cash in Company's Office			X X X	X X X ..	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X ..	7,839	6,146	104,605,826	96,493,196	101,160,665	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>							
8699999 Total - Cash Equivalents

QE10



MEDICARE PART D COVERAGE SUPPLEMENT
Net of Reinsurance
For the Quarter Ended June 30, 2010

NAIC Group Code: 4700

NAIC Company Code: 95848

		Individual Coverage		Group Coverage		5
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
1.	Premiums Collected		X X X		X X X	
2.	Earned Premiums		X X X		X X X	X X X
3.	Claims Paid		X X X		X X X	
4.	Claims Incurred		X X X		X X X	X X X
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims	NONE				
	Paid Net of Reimbursements Applied (a)			X X X		
6.	Aggregate Policy Reserves - change				X X X	X X X
7.	Expenses Paid				X X X	
8.	Expenses Incurred		X X X		X X X	X X X
9.	Underwriting Gain or Loss		X X X		X X X	X X X
10.	Cash Flow Results	X X X	X X X	X X X	X X X	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS

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